

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 30, 2014

Ms. Maureen Ellison, Administrator
The Lodge At Shelburne Bay
185 Pine Haven Shores Road
Shelburne, VT 05482-7805

Dear Ms. Ellison:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 29, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/29/2014
NAME OF PROVIDER OR SUPPLIER THE LODGE AT SHELburne BAY		STREET ADDRESS, CITY, STATE, ZIP CODE 185 PINE HAVEN SHORES ROAD SHELburne, VT 05482			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments: An offsite office review of a self-reported incident was conducted on 01/29/2014 by the Division of Licensing & Protection. The following regulatory deficiency was identified:	R100	Please see attached plan of correction.		
R207 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.b The licensee and staff are required to report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee's or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A home may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to Adult Protective Services. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report several instances of theft of money in the facility. Findings include: Per record review a report of the arrest of a staff member (Staff #1), Staff #1 was observed on a police surveillance camera stealing money from several residents (Resident #1, #2, #3, & #4). The report stated that the surveillance camera was in a resident's apartment. In a review of other reports by the facility, the last report was made in February of 2013 and did not concern missing money. In an interview on 1/27/14 at 10:45 AM with the facility Administrator, s/he stated that the surveillance camera was placed in the resident's	R207			

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Maellon R
STATE FORM

RN HSD

6/30/14

Paul

Division of Licensing and Protection

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R207	Continued From page 1 apartment by the Shelburne Police Department (SPD) after a report of missing money was made. The Administrator stated that several other residents had also reported missing money around the same time (several weeks ago) and that the facility owner had been working with the SPD around the issue. S/he stated that reports of the missing funds had not been made to the Division of Licensing & protection at the time of the incidents.	R207			

To:

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306

Re: Plan of Correction r/t 1/29/14 review (5.18 Reporting of Abuse, Neglect or Exploitation)

- Staff Inservice for abuse/neglect/exploitation completed on 3/11/14

-Event Report Form has been modified to specifically address **Alleged abuse / neglect / exploitation (theft)** as an individual event category. If one or more item in this category is circled or indicated in description of event, then ED/HSD will need to refer to follow up section of form

Description of the event:

circle all that apply: Behavioral, Injury, Fall, Illness, Alleged abuse / neglect / exploitation (theft), Choking, Elopement, other (please explain)

(Did you see it happen? Please describe any injuries. Provide any additional details below)

-2nd modification is section on Event Report Form titled: **Actual/suspected abuse, neglect, exploitation** with guidelines to list date submitted to DLP for review

Follow up:

*Actual/suspected abuse, neglect, exploitation? (Yes) (No) If yes, date submitted to DLP for review:

*Must be reported to DLP within 24 hours

When an Event report is submitted to ED/HSD, the expectation is that if there is suspected abuse/neglect/exploitation, that it will be submitted to DLP within a 24 hour time period

Any Event report forms submitted by staff are to be turned in immediately after completion. Any event forms with actual/suspected abuse/neglect or exploitation findings will be reviewed by HSD/ED for date/time of submittal and date of when DLP was notified, and then become part of the documentation in our internal investigation process of any case of suspected/actual incident of vulnerable adult.

 6/30/14
Maureen Ellison, RN HSD

R207 POC accepted 6/30/14 Mmodurn



Event Report Form

Name of person completing form:	Date of event:	Time of event:
Staff member(s) involved:	Resident(s) involved:	
Location of event	Distribute to: HSD _____ E.D. _____ Other _____	
Family notified (at appropriate time of day): Yes / No	Manager on duty notified (at appropriate time of day): Yes / No	
Description of the event: circle all that apply: Behavioral, Injury, Fall, illness, Alleged abuse / neglect / exploitation (theft), Choking, Elopement, other (please explain) (Did you see it happen? Please describe any injuries. Provide any additional details below)		
Pain Scale: 0 = No Pain 10 = Worst Possible Pain Describe Pain: 		
Actions taken by staff: Was resident taken to hospital? Y / N / NA SPD notified? Y / N / NA MD notified? (AL only) Y / N / NA List any treatment/assist provided: (wound care/ VS / other)		
TO BE COMPLETED BY HEALTH SERVICES DIRECTOR and/or EXECUTIVE DIRECTOR PRN		
Recommended action / follow - up required:		
Health Services Director Signature:	Executive Director Signature:	
Follow -up of action Q/A:	Date:	
*Actual/suspected abuse, neglect, exploitation? (Yes) (No) If yes, date submitted to DLP for review:		
*Must be reported to DLP within 24 hours		